

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 2005289		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: CUTLER, BRYAN FRIENDS OF											
Street Address: P O BOX 624											
City: QUARRYVILLE				State: PA		Zip Code: 17566-1104					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2015	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	REP 36			
					11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		6	9	2015		12	31	2015			
A. Amount Brought Forward From Last Report					\$ 31,973.41						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 15,050.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 47,023.41						
D. Total Expenditures (From Schedule III)					\$ 25,201.30						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 21,822.11						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CUTLER, BRYAN FRIENDS OF	From: <u>6/9/2015</u> To: <u>12/31/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 1,550.00
TOTAL for the Reporting Period (2)	\$ 1,550.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 11,500.00
All Other Contributions (Part D)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 13,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 15,050.00
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PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
CUTLER, BRYAN FRIENDS OF	From: <u>6/9/2015</u> To: <u>12/31/2015</u>

DATE	AMOUNT
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Full Name of Contributor ALEXANDER MUNRO				MO	DAY	YEAR	\$ 100.00
Mailing Address 6722 RIVER ROAD				6	16	2015	
City CONESTOGA	State PA	Zip Code (Plus 4) 17516					

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
THOMAS BEEMAN							
Mailing Address 151 ESHELMAN ROAD				12	31	2015	
City LANCASTER	State PA	Zip Code (Plus 4) 17601					

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
PHILIP OKALA							
Mailing Address 415 SPRING GARDEN LANE				12	31	2015	
City	WEST CONSHOHOCKEN	State	Zip Code (Plus 4)				
		PA	19428				

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
MACK STULB							
Mailing Address 969 TURNBERRY CIRCLE				12	31	2015	
City SCHWENKSVILLE	State PA	Zip Code (Plus 4) 19473					

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
PATRICIA SULLIVAN							
Mailing Address 2601 PENNSYLVANIA AVE, APT 1123				12	31	2015	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	19130				

Full Name of Contributor CHRISTOPHER BECK			MO	DAY	YEAR	\$ 200.00
Mailing Address 806 QUEEN DRIVE			12	31	2015	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380				
Full Name of Contributor KEITH KASPER			MO	DAY	YEAR	\$ 200.00
Mailing Address 1325 E MEETINGHOUSE ROAD			12	31	2015	
City LOWER GWYNEDD	State PA	Zip Code (Plus 4) 19002				
Full Name of Contributor PETER D QUINN DMD MD LLC			MO	DAY	YEAR	\$ 200.00
Mailing Address REQUESTED INFO REGARDING ADDRESS & TAX FILING			12	31	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19104				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 1,550.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate CUTLER, BRYAN FRIENDS OF	Reporting Period From: <u>6/9/2015</u> To: <u>12/31/2015</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee ASSN. OF DEER FARMERS PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 N THIRD STREET, SUITE 1500				8	19	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee UPAC				MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 458				8	19	2015	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001					
Full Name of Contributing Committee PA MANUFACTURED HOUSING PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 315 LIMEKILN				8	21	2015	
City NEW CUMBERLAND	State PA	Zip Code (Plus 4) 17070					
Full Name of Contributing Committee CENTURYLINK EMPLS PAC OF PA				MO	DAY	YEAR	\$ 500.00
Mailing Address 240 N THIRD ST STE 300				9	14	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-0000					
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 N THIRD ST STE 1500				8	19	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee PA TRUCK PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 910 LINDA LANE			8	24	2015	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011				
Full Name of Contributing Committee LAWPAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 800 NORTH THIRD STREET			10	16	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				
Full Name of Contributing Committee TROOPER ASSN PAC (TAP)			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 3625 VARTAN WAY			12	9	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee ABBVIE POLITICAL ACTION COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 1 N WAUKEGAN RD			6	17	2015	
City NORTH CHICAGO	State IL	Zip Code (Plus 4) 60064				
Full Name of Contributing Committee MONSANTO CITIZENSHIP FUND			MO	DAY	YEAR	\$ 500.00
Mailing Address 800 N LINDBERGH BLVD			6	17	2015	
City ST LOUIS	State MO	Zip Code (Plus 4) 63167				
Full Name of Contributing Committee K&L GATES LLP			MO	DAY	YEAR	\$ 500.00
Mailing Address 210 6TH AVE			6	15	2015	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				

Full Name of Contributing Committee PFIZER PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 235 E 42ND ST			8	27	2015	
City NEW YORK	State NY	Zip Code (Plus 4) 10017				

Full Name of Contributing Committee LANCASTER GENERAL HEALTH PAC			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 50 S PROVIDENCE RD			12	31	2015	
City MEDIA	State PA	Zip Code (Plus 4) 19063				

Full Name of Contributing Committee AZ PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1800 CONCORD PIKE PO BOX 15438			12	31	2015	
City WILMINGTON	State DC	Zip Code (Plus 4) 19805				

Full Name of Contributing Committee ABBOTT LABORATORIES			MO	DAY	YEAR	\$ 500.00
Mailing Address 100 ABOtt PARK ROAD			12	31	2015	
City ABBOTT PARK	State IL	Zip Code (Plus 4) 60064				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 11,500.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate CUTLER, BRYAN FRIENDS OF	Reporting Period From: <u>6/9/2015</u> To: <u>12/31/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
BERNARD MORRISSEY							
Mailing Address 254 E CHURCH ST				11	26	2015	\$ 500.00
City STEVENS	State PA	Zip Code (Plus 4) 17578					
Employer Name RETIRED				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business 254 E CHURCH ST			City STEVENS		State PA	Zip Code (Plus 4) 17578	

				MO	DAY	YEAR	
Full Name of Contributor							
SUSAN PHILLIPS							
Mailing Address 127 CLAY RIDGE ROAD				12	31	2015	\$ 500.00
City OTTSVILLE	State PA	Zip Code (Plus 4) 18942					
Employer Name UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM				Occupation SENIOR VICE PRESIDENT, PUBLIC			
Employer Mailing Address/Principal Place of Business 3400 SPRUCE STREET			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19104	

				MO	DAY	YEAR	
Full Name of Contributor							
RALPH MULLER							
Mailing Address 2033 DELANCEY PLACE				12	31	2015	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Employer Name UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM				Occupation CEO			
Employer Mailing Address/Principal Place of Business 3400 SPRUCE ST			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19104	

Full Name of Contributor MADELINE BELL			MO	DAY	YEAR	\$ 500.00
Mailing Address 1357 WOODED WAY			12	31	2015	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Employer Name CHILDREN'S HOSPITAL OF PHILADELPHIA			Occupation CEO			
Employer Mailing Address/Principal Place of Business 3401 CIVIC CENTER BLVD		City PHILADELPHIA	State PA	Zip Code (Plus 4) 19104		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,000.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
CUTLER, BRYAN FRIENDS OF		From: <u>6/9/2015</u> To: <u>12/31/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CUTLER, BRYAN FRIENDS OF	From <u>6/9/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT		
To Whom Paid SECA FEST			MO	DAY	YEAR	\$ 550.00
Mailing Address PO BOX 67			7	9	2015	
City QUARRYVILLE	State PA	Zip Code (Plus 4) 17566	Description of Expenditure SPONSORSHIP			
To Whom Paid SOLANCO EDUCATIONAL FOUNDATION			MO	DAY	YEAR	\$ 500.00
Mailing Address 121 SOUTH HESS STREET			7	9	2015	
City QUARRYVILLE	State PA	Zip Code (Plus 4) 17566	Description of Expenditure SPONSORSHIP			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 15,000.00
Mailing Address PO BOX 11787			7	9	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 11787			10	16	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure OKTOBERFEST SPONSORSHIP			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 6,000.00
Mailing Address PO BOX 11787			10	19	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure TOWER EVENT SPONSORSHIP			

To Whom Paid RCLC			MO	DAY	YEAR	\$ 550.00
Mailing Address 902 COLUMBIA AVE			7	19	2015	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CONTRIBUTION			

To Whom Paid LANCASTER COUNTY YRS			MO	DAY	YEAR	\$ 100.00
Mailing Address 902 COLUMBIA AVE			9	16	2015	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF JACKIE PFURSICH			MO	DAY	YEAR	\$ 250.00
Mailing Address 2708 SADDLEBACK DRIVE			8	4	2015	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CONTRIBUTION			

To Whom Paid USPS			MO	DAY	YEAR	\$ 49.00
Mailing Address POSTMASTER			9	16	2015	
City MOUNTVILLE	State PA	Zip Code (Plus 4) 17554	Description of Expenditure STAMPS			

To Whom Paid USPS			MO	DAY	YEAR	\$ 88.00
Mailing Address POSTMASTER			10	18	2015	
City QUARRYVILLE	State PA	Zip Code (Plus 4) 17566	Description of Expenditure PO BOX FEE			

To Whom Paid CONSTANT CONTACT			MO	DAY	YEAR	\$ 111.30
Mailing Address 1601 TRAPELO ROAD			12	31	2015	
City WALTHAM	State MA	Zip Code (Plus 4) 02451	Description of Expenditure EMAIL SERVICE FOR JUNE-DEC			

To Whom Paid WELLS FARGO BANK			MO	DAY	YEAR	
Mailing Address QUARRYVILLE BRANCH			8	10	2015	
City QUARRVILLE	State PA	Zip Code (Plus 4) 17566	Description of Expenditure BANK FEE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 25,201.30

